



State of Maine
LIVESTOCK OPERATIONS PERMIT
Application

Please enter the following information completely:

Date : _____

Farm Name: _____

Farm Location: _____

(Town, Road Name)

Farm Owner Name (s): _____

Address: _____

City, State _____, _____ Zip Code _____

Telephone (s) _____ FAX _____

Farm Operator Name (s) _____

Address: _____

City, State _____, _____ Zip Code _____

Telephone (s) _____ FAX _____

Livestock Information

Type and number of livestock :

(Enter number of animals of each type)

Milking cows _____ Sows _____

Dairy calves and heifers _____ Feeder Pigs _____

Beef cows _____ Finisher Pigs _____

Horses _____ Laying Hens/Broilers _____

Sheep and lambs _____ Turkeys _____

Other _____ Other _____

Certification of Compliance

I certify that the information given above is correct to the best of my knowledge and that the above named farm is being (or will be) operated in compliance with the Nutrient Management Plan submitted with this application.

Signature of Farm Owner(s) or Operator(s) _____

Date signed: _____

Completed form and Nutrient Management Plan must be submitted to:

NMP Coordinator

Maine Department of Agriculture, Food & Rural Resources

Office of Agricultural, Natural & Rural Resources

28 State House Station

Augusta, Maine 04333